

Dear IADC Upgrade Applicant:

Thank you for your interest in upgrading your counselor certification through the Iowa Board of Certification; you are to be commended for your commitment to the field by seeking a higher level credential.

Because you are already certified with IBC and have already submitted much of the information that we need, we are enclosing a simpler application for your completion.

You are allowed one year to complete your upgrade application, starting from the date that any portion of this application is received in the IBC office; this includes meeting all education, experience and supervision requirements, payment of fees, with every form complete. Your completed application will include:

- Form 01
- Form 02
- Form 05
- Form 06 (to be signed by your supervisor)
- The \$40.00 application review fee
- The \$140.00 test fee if you have **not** taken the exam effective June 2008 or later
- Transcripts sent directly from your college/university via U.S. Mail (if we do not have already have them)
- A formal written job description

Complete the attached application on your computer, save it, and then print and mail the application with original signatures, copies of your certificates of completion (you do not need to send copies for trainings we've received previously from you), **the \$40.00 application review fee**, your formal written job description and \$140.00 test fee (if applicable) to the IBC office. Be sure you keep a copy of your entire application before mailing it to us.

If you are not required to test, once we receive your completed application and review fee, and determine that you meet all requirements for IADC, we will notify you of your certification fee (it will be prorated, based on what you've paid for your CADC); once we receive your fee, your certificate will then be sent to you at which time you may begin using the initials "IADC" following your name.

Please feel free to contact our office if you have any questions.

Sincerely,

Debbie Gilbert

Debbie Gilbert
Executive Director



IADC UPGRADE APPLICATION
Form 01: Applicant Information

Name (as you wish to have it on your certificate) _____

Other last names you have used: _____

Home Address _____

City, State, Zip Code _____

Telephone Number (____) _____ Cell (____) _____

E-mail _____ SSN _____

Current Place of Employment _____

Address _____

City, State, Zip Code _____

Telephone Number (____) _____ Job Title _____

E-Mail _____ (Note: IBC newsletters are sent out 3 times/year via email and all certified professionals will be held responsible for information contained in these newsletters. **Be sure to contact the IBC office if your email information changes**).

List any professional certificates or licenses you presently hold along with the states in which they are valid: _____

Highest level of education and degree obtained: _____
(Note: If IBC does not have an original transcript showing this information, you will need to contact your college/university to request that a transcript be sent to the IBC office).

Have you ever had any credential (i.e. license, certification, endorsement, etc.) revoked, suspended or sanctioned? Yes ___ No ___ (If so, indicate: what credential, when, where, for what reason, and the current status of the credential) _____

IBC reserves the right to request further information from employers, organizations, and persons who may have pertinent information regarding this application.

The \$40.00 non-refundable application review fee is due with this application; in addition, the \$140.00 test fee is due with this application if you took the written exam prior to June 2008. Following review of application, you will be notified of your certification fee amount.

Please check on: I am paying by: Check ___ Cash ___ Online via Dwolla ___

Applicant Name _____

Form 02-IADC Upgrade: ASSURANCES AND RELEASES

Note: Sign and date this form just prior to sending your completed application to IBC. The date shown below will be used to count applicable experience hours.

I give permission for the Iowa Board of Certification (IBC), its committees, and staff to investigate my background as it relates to statements contained in this application for counselor certification.

I understand that false or misleading statements or omissions will result in the denial or revocation of certification as these actions are a violation of the IBC Code of Ethics for Alcohol and Drug Counselors.

I consent to the release of information contained in my application file and any other pertinent data submitted to or collected by IBC to its officers, committee members, and staff.

I certify that I have read this entire application and that all the material contained herein is my own work and is true and complete.

I certify that I have read and subscribed to the IBC Code of Ethics for Alcohol and Drug Counselors.

I further agree to hold IBC, its officers, Board members, employees, and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or the failure of IBC to issue certification.

I give my permission to IBC, its committees, or representatives to contact or question, as necessary, any person, institution or organization for any ethics or appeal investigation.

I give my permission to IBC to communicate with my employer(s) regarding the contents (or lack of contents) and status of my application. (Note: IBC reserves the right to contact supervisors regarding an applicant's experience and forms which have an area for the supervisor to sign.)

Signature

Date

Applicant Name _____

Form 05-IADC Upgrade: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as an alcohol and drug counselor within the past six (6) years. Use one copy of this form for *each relevant position*. **You must attach an official written job description for each position.**

Agency Name _____

Address _____
City, State, Zip _____
Phone _____

Job Title _____

Hours worked per week _____

Dates of Experience From _____ to _____

Direct Supervisor's Name & Email _____
(Make sure your supervisor meets supervisor qualifications as shown on pages 7- 8 of the Counselor Handbook)

What percentage of your time in this position was spent performing alcohol and drug counseling duties? _____%

This portion to be completed by applicant's supervisor

Length of time you have provided direct supervision of this applicant:

Month _____ Year _____ to Month _____ Year _____

I recommend this applicant for the IADC credential, attest that he/she is an employee in good standing with our agency, and that all information on this form is accurate.

Supervisor Signature _____ Date _____

Note to Supervisor: Do not sign this form until it is completed by the applicant. If you are aware of any ethical violations on the part of this applicant, it is your responsibility to report this to the Iowa Board of Certification.

Form 06-IADC Upgrade: DOCUMENTATION OF DOMAIN EXPERIENCE

To Applicant's Supervisor: Please complete this form with the applicant, indicating applicant's on-the-job direct supervision by you in performing substance abuse counseling duties. This form is not intended to document applicant's total number of hours worked but rather the hours of ***direct on-the-job supervision you have provided the applicant.***

I hereby attest that a minimum of 300 hours of supervision have been attained by the above-named applicant. At least 20 hours in each of the performance domains have been provided to the applicant.

<u>Performance Domains</u>	<u># Hours Received in Each</u>
Screening, Assessment & Engagement	_____
Treatment Planning, Collaboration & Referral	_____
Counseling	_____
Professional & Ethical Responsibilities	_____
TOTAL MUST BE AT LEAST 300 HOURS	_____

As this applicant's supervisor, I attest that all of the above information is accurate.

Supervisor's Signature

Date



FEES FOR tCADC/CADC/IADC/IAADC

Application review, one test fee, 2 years certification (non-refundable) (This fee must be paid in full as part of the application process)	\$380.00
Test Fee (if taking the exam more than once)	\$140.00
Dual Certification	\$150.00
CEU Processing (per workshop via distance learning or not IBC-approved for <u>recertification</u>)	\$ 15.00
Recertification (2 years)	\$200.00
Dual Recertification	\$150.00
Late Recertification Penalty (if not emailed/postmarked on or before expiration date)	\$100.00
Inactive Status Enrollment (to be paid first year only)	\$ 25.00
Inactive Certification Status (1 year)	\$ 60.00
Reactivation of Certification after being Inactive	\$200.00
Reciprocity (paid directly to IC&RC)	\$100.00
Replacement Certificate	\$ 30.00
Returned Check Fee	\$ 35.00
Written Test Study Guides	\$185.00
Practice Exam (paid directly to IC&RC) www.internationalcredentialing.org)	\$ 49.00



IBC STUDY GUIDE ORDER FORM

Note: IBC does not endorse any particular study guides or organizations writing study guides. At this time, the following study guides are available.

Please send me the following study guide(s):

_____ **Getting Ready to Test: A Review and Preparation Manual for Drug and Alcohol Credentialing Exams – 8th Edition (for CADC/IADC/IAADC applicants)** **\$185.00**
 782 pages – This unique self-guided manual reflects updates made on the exam beginning the first part of 2015, and provides the most comprehensive set of materials designed to help refresh and enhance your knowledge on many of the major areas of information required for the exam. It includes 100 sample exam questions designed to make you feel more comfortable with the exam. This manual has been updated to reflect recent federal studies as well as CDC updates to the latest HIV/AIDS info. This guide also contains a new chapter on DSM-5 information that will be included in the exam. NEWLY UPDATED

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IC&RC Alcohol & Drug Abuse Counselor Certification Exam Guide **\$141.00**
 (for CADC, IADC, IAADC) *Cost includes shipping/handling fee*
Purchase this study guide online through Comprehensive Education Services, a wholly owned subsidiary of The Florida Certification Board, by clicking on this link:
<http://flcertificationboard.org/icrc-adc-study-guide/>

The IC&RC has endorsed the new ***IC&RC Alcohol and Drug Counselor (ADC) Certification Examination Study Guide (2015)***. This full color, 208 page Study Guide is in alignment with the current IC&RC ADC examination blueprint which encompasses four performance domains and thirty-three job tasks. The first chapter provides an overview of addiction and drugs of abuse, plus current perspectives on recovery. Chapters 2 – 5 relate directly to the performance domains (Screening, Assessment and Engagement; Treatment Planning, Collaboration and Referral; Counseling; Professional and Ethical Responsibility) with job task statements interspersed within the text to match review content with each task for ease of studying. Each chapter is fully referenced and contains a Resources section to direct the learner to other sources that augment the Study Guide content.

Prevention Specialists: There is now a FREE study guide ***available on the IBC FREE website*** under the “Certification/Recertification” tab, then click on “CPS” and then “Preparing For and Passing the IC&RC Prevention Specialist Exam.”

Name _____
 Address _____

 Phone _____

I am paying by: Check _____ Cash _____ Dwolla _____

Note: *Guides will be mailed when payment is received.* Fee may be paid by check, cash or via Dwolla on the IBC website. All prices include shipping & handling. Guides will be mailed within 3 business days of receipt of this order form.

Email this order form to info@iowabc.org, fax it to 515-965-5540 or mail it to the IBC office at 225 NW School St, Ankeny, IA – 50023.